

MONGOLIAN VISA APPLICATION FORM EMBASSY OF MONGOLIA TO THE USA 2833 M STREET NW WASHINGTON DC 20007 TEL: (202) 333-7117 FAX: (202) 298-9227 E-MAIL: monconsul@aol.com WEB: http://www.mongolnet.com															PASSPORT NO. _____ VALID TILL (Month, Day, Year) _____ PASSPORT <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> OFFICIAL <input type="checkbox"/> REGULAR <input type="checkbox"/> OTHER														
FULL NAME (First, Last, Mid)															_____														
DATE OF BIRTH (Month, Day, Year)															<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE														
PLACE OF BIRTH															EMPLOYING OFFICE														
CURRENT CITIZENSHIP															JOB TITLE														
CITIZENSHIP AT BIRTH															CONTACT PHONE NO.														
RESIDENCE ADDRESS															FAX														
_____															E-MAIL														
_____															PURPOSE OF VISIT														
NAME, ADDRESS, PHONE NO. OF THE HOSTING COMPANY OR INDIVIDUAL IN MONGOLIA															PREVIOUS VISIT														
_____															EXPECTED DATE OF ENTRY														
_____															MEANS OF TRANSPORTATION														
_____															<input type="checkbox"/> AIR <input type="checkbox"/> LAND														
DESIRED LENGTH OF STAY																													
CHILDREN (If Accompanied)																													
NAME															NAME														
DATE OF BIRTH (Month, Day, Year)															DATE OF BIRTH (Month, Day, Year)														
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE															<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE														
RELATION															RELATION														
CITIZENSHIP															CITIZENSHIP														
DOCUMENT															DOCUMENT														
<div style="text-align: center;"> PHOTO OF APPLICANT GLUE ONLY PLEASE DO NOT STAPLE </div>																													

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE (Month, Day, Year) _____ SIGNATURE OF APPLICANT _____